

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groveport Madison Committee for Better Schools							
Full Name of Contributor Susan Moore						Registration Number, if PAC	
Street Address 5075 Cherry Blossom Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 2	D 2 8	Y 1 4	Amount 6.00	
Full Name of Contributor Ricart						Registration Number, if PAC	
Street Address PO Box 27130			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43227	M 0 3	D 0 4	Y 1 4	Amount 100.00	
Full Name of Contributor William Kirby						Registration Number, if PAC	
Street Address 1790 Zuber Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 0 3	D 1 1	Y 1 4	Amount 50.00	
Full Name of Contributor Alan Blake						Registration Number, if PAC	
Street Address 67 Bohyer Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pataskala	State O H	Zip Code 43062	M 0 3	D 0 7	Y 1 4	Amount 50.00	
Full Name of Contributor Anna Harmon						Registration Number, if PAC	
Street Address 4151 Parviewlake Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43207	M 0 3	D 1 1	Y 1 4	Amount 10.00	
Full Name of Contributor Rodney Dickerson						Registration Number, if PAC	
Street Address 220 Harbinger Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 3	D 1 1	Y 1 4	Amount 50.00	
Full Name of Contributor Bepler Enterprises, Inc.						Registration Number, if PAC	
Street Address 3246 Noe Bixby Road Suite C			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43232	M 0 3	D 1 1	Y 1 4	Amount 100.00	
Full Name of Contributor Bepler Insurance						Registration Number, if PAC	
Street Address 3246 Noe Bixby Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43232	M 0 3	D 1 1	Y 1 4	Amount 100.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 466.00